## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

|   |  |  | 10154660       |              |                                |                     |                |                      |     |                   |                            |                         |                   |                   |
|---|--|--|----------------|--------------|--------------------------------|---------------------|----------------|----------------------|-----|-------------------|----------------------------|-------------------------|-------------------|-------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |  |                |              |                                |                     |                | SMALL ENTITY TYPE OF |     |                   |                            | OTHER THAN SMALL ENTITY |                   |                   |
| то  | TAL CLAIMS                                     |  | 47             |              |                                |                     |                | RATE                 | FE  |                   |                            | RATE                    | FE                |                   |
| FOR   |  |  | NUMBER FILED   |              | NUMBER EXTRA                   |                     |                | BASIC FEE            | 385 | .00               | OR                         | BASIC FEE               | 770.0             | )0                |
| TOTAL CHARGEABLE CLAIMS   |  |  | 47 min         | us 20=       | . 27                           |                     |                | X\$ 9=               |     |                   | OR                         | X\$18=                  | 48                | 6                 |
| INDEPENDENT CLAIMS  |  |  | 9 minus 3 =    |              | . 6                            |                     |                | X43=                 |     |                   | OR                         | X86=                    | 516               | 9                 |
| MU  | LTIPLE DEPENI                                  | DENT CLAIM PE  | RESENT         |              |                                |                     |                | +145=                |     |                   | OR                         | +290=                   |                   | -                 |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |  |                |              |                                |                     |                | TOTAL                |     |                   | OR                         | TOTAL                   | 177               | 72                |
| 4-27-0 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |  |  |                |              |                                | <u>)</u>            | SMALL ENTITY C |                      |     |                   | OTHER THAN<br>SMALL ENTITY |                         |                   |                   |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER                                   |                | NUM<br>PREVE | BER                            | PRESENT<br>EXTRA    |                | RATE                 | TIO | DI-<br>NAL<br>DI- |                            | RATE                    | ADI<br>TION<br>FE | NAL               |
|   | Total  | AMENDMENT .  | Minus          | ##           | 77                             | = /                 | 1              | XS 9=                |     |                   | OR                         | XS18=                   |                   |                   |
|   | Independent                                    | . 9  | Minus          | ***          | 9'                             | = /                 | ]              | X43=                 |     |                   | OR                         | X86=                    |                   |                   |
| ⋖   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                |              |                                |                     |                | +145=                |     |                   | OR                         | +290=                   |                   |                   |
|   |  | TOTAL  | H              |              | OR                             | TOTAL<br>ADDIT. FEE |                |                      |     |                   |                            |                         |                   |                   |
| (Column 1) (Column 2) (Column 3)  |  |  |                |              |                                |                     |                |                      |     |                   |                            | 70011112                |                   |                   |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                      |                | PREV         | HEST<br>MBER<br>MOUSLY<br>OFOR | PRESENT<br>EXTPA    |                | RATE                 | TIO | DI-<br>NAL<br>EE  |                            | RATE                    |                   | DI-<br>NAL<br>EE  |
|   | Total  | •  | Minus          | **           |                                | =                   |                | XS 9=                |     |                   | OR                         | XS18=                   |                   |                   |
|   | Independent                                    | •  | Minus          | ***          |                                | ]=                  | _              | X43=                 |     |                   | OR                         | X86=                    |                   |                   |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                |              |                                |                     |                | ±145=                |     |                   | OR                         | +290=                   |                   |                   |
|   |  |  |                |              |                                |                     |                |                      |     |                   | OR                         | TOTA<br>ADDIT. FE       |                   |                   |
|   |  | (Column 1)   | -EE -100¢      |              |                                |                     |                |                      |     |                   |                            |                         |                   |                   |
| AMENDMENT C   | •  | CLAIMS REMAINING AFTER AMENDMENT                               |                | PREV         | HEST<br>MBER<br>ICUSLY<br>DFCR | PRESENT<br>EXTRA    |                | RATE                 | TIC | DDI-<br>NAL<br>EE |                            | RATE                    | TIC               | DDI-<br>NAL<br>EE |
|   | Total  | ,  | Minus          | <b>T</b> F   |                                | =                   |                | -\$ \$ا              | 1   |                   | OR                         | XS18=                   |                   |                   |
|   | Independent                                    | •  | Minus          |              |                                | 1=                  | 4              | X43=                 |     |                   | OR                         | X86=                    |                   |                   |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                |              |                                |                     |                | ~145=                |     |                   | OR                         | ÷290=                   |                   |                   |
| * If the entry in column 1 is less than the entry in column 2, write 101 in column 3  TOTAL  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 120. ADDIT, FEE |  |  |                |              |                                |                     |                |                      |     |                   | OR                         | TOTA                    |                   |                   |
| -   |  | mber Previously P<br>imber Previously Pa<br>nber Previously Pa | and East IN Th | HC COACE     | ic lace il                     | nan 3 enter "3      | -              | ADDIT. FEE           |     | iate bo           | •                          | ADDITION                |                   |                   |